

**ON THE JOB TRAINING RECORD
CONTINUATION SHEET**

On _____, a **4 -Month Evaluation** was conducted on _____.

The OA Flight Chief CJQS 8R000-004 dated 01 Oct 02 was used as a guide and the flight chief was evaluated as follows:

INSTRUCTIONS: The following items must be evaluated. These tasks are time phased for completion at the 4-month point. Any task identified by an * rated UNSATISFACTORY will result in the entire evaluation being rated UNSATISFACTORY. Validate the flight chief CAN PERFORM each task through OBSERVATION.

RATINGS:

S = Satisfactory level indicates trainee can do all parts of the task, needs only spot check to complete work, and meets local demands for speed and accuracy while meeting production requirements.

U = Unsatisfactory level means the trainee is unable to do simple parts and needs to be shown how to do most of the task.

1. FLIGHT INITIAL ORIENTATION

() 1.1. Demonstrates how to conduct an initial orientation, which includes dress and appearance, duty hours, integrity, and office appearance.

() 1.2. Demonstrates how to conduct initial training on Fraud, Waste and Abuse involving usage of the Internet, government credit card, telephone usage, stamps, bus tickets or shuttle vouchers.

2. FLIGHT MANAGEMENT; 2.1. Expectations

*() 2.1.2. Understands the different types of expectations that can be set (i.e. calls, contacts, appts, PIRs, Applications, etc.).

3. TRAINING

() 3.2. Demonstrates how to accept recruiter training and document acceptance of training on AF Form 623a.

() 3.3. Demonstrates how to document performance/demonstration training and supplemental training on AF Form 623a.

4. OPERATING INSTRUCTIONS (OI)

() 4.1. Develop and implement an effective goaling OI that uses local factors to establish realistic goals.

() 4.2. Develop and implement an effective competition incentive awards OI that is easy to understand and is geared to drive production.

() 4.3. Demonstrates how to set production standards (expectations, school/hospital visit program, etc.) and personal standards (office hours, office manning, etc.), in writing.

5. PERSONAL INFORMATION FILES (PIF)

() 5.1. Demonstrates how to establish and maintain a PIF on each assigned recruiter.

() 5.2. Understands what items and/or documents can be included in the PIF

*() 5.3. Understands where the PIF must be kept, who can have access, and how to dispose of records.

6. MARKET SURVEYS

() 6.1. Demonstrates how to accomplish a market survey on open zones, and a combined market survey for the flight.

() 6.2. Understands when to accomplish and/or what factors require accomplishment of market surveys.

7. LEAD AND PIR REVIEW

() 7.10. Ensures recruiters qualify applicants for the highest program.

() 7.11. Ensures recruiters understand local procedures for referring leads to the appropriate recruiter and program.

8. LEAD GENERATION

*() 8.8. Can demonstrates how to conduct COI's.

() 8.9. Can demonstrate to recruiters how to maintain and document actions and activities in AFRISS (mail-outs, visits, refinement, etc.)

*() 8.10. Can demonstrate how obtain lists from colleges/universities and professional agencies.

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4 – Month Evaluation Continued

13. TRACKING

*☐ 13.1. Demonstrates ability to evaluate Open PIR and Not Tested.

☐ 13.2. Demonstrates ability to evaluate Select/Non-select rates

14. FLIGHT ADMINISTRATION

☐ 14.1. Demonstrates how to maintain an effective safety program (i.e. AFOSH, safety briefings, Course II, on/off duty accidents, documenting AF Form 55, GSA vehicle operation hours, domicile to duty policies, etc.).

OVERALL RATING: SATISFACTORY / UNSATISFACTORY (circle one). If Unsatisfactory, you must develop a training plan by task and subtasks requiring training. Strengths and weaknesses must be identified in relationship to tasks and subtasks. For example: Good at closing sales, establishing rapport, etc., as opposed to great attitude, nice person.

STRENGTHS: _____

WEAKNESSES: (All Unsatisfactory tasks must be identified) _____

PLAN TO CORRECT TRAINING DEFICIENCIES: (Must be task and subtask related, Ex: Task 2(a)(1), etc.) _____

LAST NAME - FIRST NAME - MIDDLE INITIAL

4 – Month Evaluation Continued

(Date)

(Date)

RST COMMENTS: _____

Date

CCU REVIEW/COMMENTS: _____

Date

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